



FLORIDA'S IV-E WAIVER DEMONSTRATION PROJECT

Evaluation Brief 2

FLORIDA'S IV-E WAIVER DEMONSTRATION PROJECT

January 2010

Evaluation Brief on the Status and Activities Related to Florida's IV-E Waiver Demonstration Project: Two Years Post-Implementation
M.I. Armstrong, A.C. Vargo, N. Jordan, P. Sharrock, C. Sowell, S. Yampolskaya, S. Kip

Background of Florida's Title IV-E Waiver

In Florida, the 1996 Legislature mandated the outsourcing of child welfare services, known as Community-Based Care (CBC), through the use of a lead agency design. The intent of the original statute was to strengthen the support and commitment of local communities to the "reunification of families and care of children and their families." Currently, all 67 counties in Florida have implemented CBC through contracts with 20 lead agencies.

In addition to CBC implementation, the Title IV-E Waiver Demonstration Project was authorized and implemented statewide in October 2006. The five-year Waiver under Title IV-E of the Social Security Act was authorized by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF). The purpose of the Waiver project is to demonstrate that allowing federal IV-E foster care funds to be used for a wide variety of child welfare services rather than being restricted to out-of-home care, as is normally the case under federal law, will result in improved outcomes for children and families.

Components of the Flexible Funding IV-E Waiver

Florida's IV-E Waiver was implemented through changes in state contracts with the CBC lead agencies. Under the terms of the Waiver, Florida receives a capped allocation of Title IV-E funds and child welfare agencies are able to use the IV-E funds flexibly to promote child safety, prevent placement into foster care, and expedite permanency. Lead agencies are responsible for providing and coordinating services, programs, and supports through the use of the Title IV-E funds. As a result, the Waiver is anticipated to:

- Expedite the achievement of permanency through either reunification or adoption;
- Maintain child safety;
- Increase child well-being; and
- Reduce administrative costs associated with providing community-based child welfare services.

Recommended Citation: Armstrong, M.I., Vargo, A.C., Jordan, N., Sharrock, P., Sowell, C., Yampolskaya, S., Kip, S. (2009). *Evaluation brief on the status, activities and findings related to Florida's IV-E waiver demonstration project: Two years post-implementation*. (Florida's IV-E Waiver Demonstration Project – Evaluation Brief Series, 250-2). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

Purpose and Specific Aims of the IV-E Waiver Evaluation

The purpose of the IV-E Waiver evaluation is to test a theory of change regarding the effectiveness of expanded child welfare services and supports in improving permanency, safety, and well-being outcomes for children in or at risk of entering out-of-home placement. Specifically, the evaluation tests the expectation that



USF

UNIVERSITY OF
SOUTH FLORIDA

COLLEGE OF BEHAVIORAL
& COMMUNITY SCIENCES

Louis de la Parte
Florida Mental Health Institute

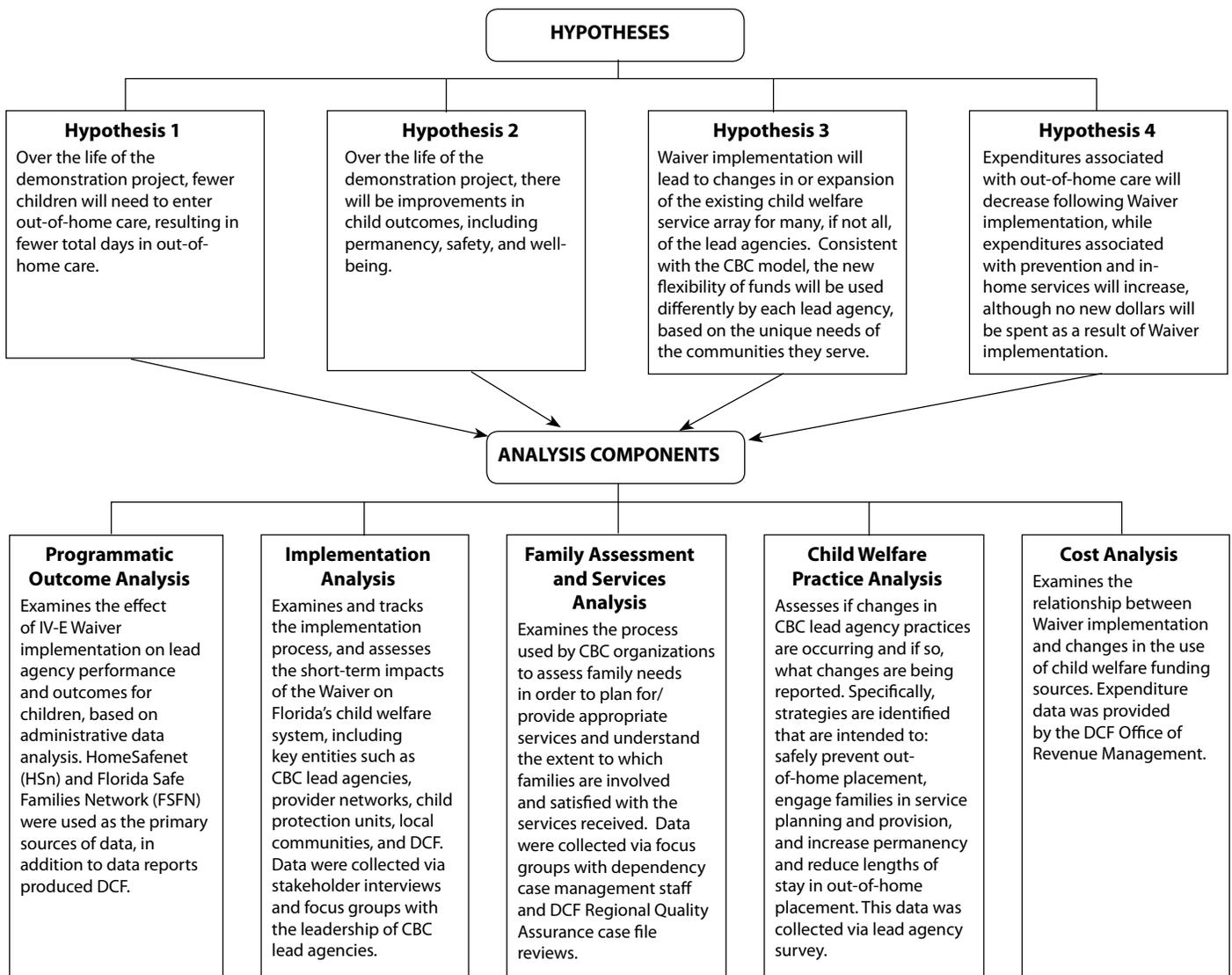
© February 2010, Louis de la Parte
Florida Mental Health Institute

an expanded array of community-based services available via the flexible use of Title IV-E funds will reduce the number of children in out-of-home care, expedite the achievement of permanency through reunification or adoption, maintain child safety, increase child well-being, and reduce administrative costs associated with providing community-based child welfare services. This brief summarizes evaluation findings since Waiver implementation and includes data gathered from all lead agencies serving Florida's 67 counties covering State Fiscal Year (SFY) 01-02 through SFY 08-09, depending on the data source and measures.

Evaluation Model

The theory of change for this evaluation informed the methodology and was based on: (a) federal and state government expectations of the intended outcomes of the Waiver, (b) the evaluation team's hypotheses about practice change based on knowledge of the unique child welfare arrangements throughout the State of Florida, and (c) stakeholder feedback. Five analysis components were used to address the hypotheses and data from various information sources within each component were triangulated as part of the evaluation design (see Figure 1).

Figure 1. Evaluation Design



Findings

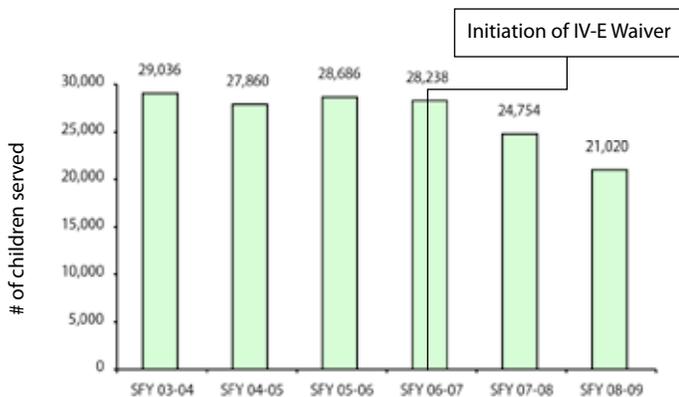
Findings are detailed as they relate to the four hypotheses in an effort to convey the story of Florida's IV-E Waiver impact to date.

Hypothesis 1:

Over the life of the demonstration project, fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care.

Since Waiver implementation during SFY 06-07, the number of children served (both in-home and out-of-home) has decreased by 29%. Specifically related to this hypothesis, there has been a significant reduction (27.6%) in the average number of children served in out-of-home care during this period (see Figure 2).

Figure 2. Average Number of Children Served In Out-of-Home Care by Fiscal Year



Another indicator related to out-of-home care is the proportion of children placed in out-of-home care after receiving services at home. This indicator relates to the effectiveness of the child welfare system in maintaining child permanency and the ability of lead agencies to provide early intervention services. The most recent data analysis shows that the average proportion of children placed in out-of-home care after being served at home initially in SFY 07-08 across all lead agencies was 20%. Although this proportion is slightly higher (by 1%) compared to SFY 06-07, no statistically significant difference was found when the two cohorts were compared.

Results showed that younger children, girls, Caucasian children, children who came from a female single-parent family, children who had physical health problems, and children who had parents with

substance abuse problems were more likely to enter out-of-home care after initially receiving in-home services, with the strongest predictors being children with physical health problems and children having parents with substance abuse problems.

Hypothesis 2

Over the life of the demonstration project, there will be improvements in child outcomes, including permanency, safety, and well-being.

For SFY 08-09, the average percentage of children reunified with an original caregiver or placed with relatives within 12 months of their removal was 64.8%. Compared with SFY 07-08, this was a significant increase in the number of children reunified or placed with relatives. Among youth that exited care during SFY 07-08, the average proportion of children who reentered out-of-home care within 12 months after their discharge was 9.6%, indicating a significant reduction when compared to SFY 06-07. In addition, for SFY 08-09, the average percentage of children who were adopted within 24 months of their latest removal was 41.9%. However, there was no significant difference between the number of children who were adopted in SFY 08-09 compared to SFY 07-08.

In order to examine child well-being, the Florida Department of Children and Families (DCF) Regional Quality Assurance data for SFY 08-09 was reviewed and case manager focus groups were conducted for two sites in Florida. Across the two sites, 46% to 93% of the cases reviewed in the DCF Regional Quality Assurance Process contained a documented assessment of children's educational, dental, physical, or mental/behavioral health need. Similar findings were revealed for initial or ongoing assessment of parents and caregivers across both study sites (41% to 86%). None of these findings met the 95% compliance standard. These findings may suggest that either assessments are being completed but not included in the case file, or they are not consistently being completed. Of additional concern is the percentage of cases where receipt of services was documented. Fifty-eight percent to 90% of the children's cases were found to have documentation of service receipt, none of which met the 95% compliance standard. Case managers communicated a number of concerns related to the provision of appropriate services including an insufficient number of service providers, inappropriateness of services

to meet the individual needs of families, a lack of transportation to providers, a lack of communication from public assistance agencies, and language barriers.

Hypothesis 3

Waiver implementation will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies. Consistent with the Community-Based Care model, the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the communities they serve.

Since implementation of the IV-E Waiver, all of the CBC lead agencies have reported an expansion of their service array. Examples of new or expanded practices that are intended to safely prevent children from entering out-of-home care, engage families in service planning, or reduce a child's length of stay in out-of-home care include:

- Intensive in-home services that utilize a wraparound approach and are intended to provide support to families at risk including housekeeping, parenting skills, child development education, community resource referrals, and budgeting.
- The use of a Family Team Conferencing (FTC) model as a strategy to engage families in service planning.
- Expanding or creating strategies that focus on providing supports and services to families working toward reunification from out-of-home care. These include increasing the capacity of dependency case management, family reunification services, the use of permanency specialists, enhanced visitation that models effective parenting skills, and court liaisons to facilitate the dependency court process.
- Providing services and supports to relative caregivers such as the use of relative caregiver specialists to support the movement of children from licensed out-of-home care placements to relative caregivers and implementing the practice of Family Finding in an effort to increase the availability of family connections and permanency for children involved in a child welfare case.

In addition, several innovative practices were identified that have been implemented or expanded since the Waiver:

- **Family Connections** – A Family Team Conferencing Prevention Program: Community-Based Care of Seminole, Inc. The goal of this collaborative initiative is to provide primary prevention to families at risk of entering the child welfare system. An FTC model that includes strength-based assessment and wraparound services is used to create a network of formal and informal support for families in need.
- **Peaceful Paths** – A Domestic Violence Prevention Program: Partnership for Strong Families, Inc. This program provides domestic violence prevention and intervention services to at-risk youth, children who have witnessed or been victims of domestic violence, and mothers who are victims of domestic violence. The services include educational and support groups that are provided in three counties within the lead agency's service area. Peaceful Paths is a member of the Florida Coalition Against Domestic Violence and one of six projects in Florida that are part of the Domestic Violence Prevention Enhancement (DELTA) program funded by the Centers for Disease Control and Prevention.
- **Family Finding** – A Permanency Strategy: Our Kids of Miami-Dade, Inc. and Kids Central, Inc. Family Finding is a strategy developed by Kevin Campbell in 2001 (Casey Family Services, 2007) for connecting youth who are in out-of-home foster care to relatives and friends that may be a source of support and a potential permanency placement for the child. The approach includes six key steps: discovery, engagement, planning, decision making, evaluation, and follow-up support.
- **Resource/Diversion Specialists** – Collaborative Diversion: Hillsborough Kids, Inc. and Family Services of Metro-Orlando, Inc. The primary goal of the practice is to provide child protective investigations staff with immediate information about and linkages to community resources that may assist families involved in a child welfare investigation and prevent the need for out-of-home placement.



- **Foster Parent Mentor Program** – A Placement Stability Strategy: United for Families, Inc. This program was implemented to provide a support network for foster parents in an effort to improve placement stability for children in out-of-home care and increase foster parent recruitment and retention rates.
- **Parenting with Love and Limits (PLL):** Brevard Family Partnership. PLL is an intervention strategy developed by Dr. Scott Sells of the Savannah Family Institute that uses parent education and coaching to improve the parenting skills and family functioning of families at risk of maltreatment. The program is intended specifically for youth between the ages of 10 and 18 with extreme emotional or behavioral problems and was initially designed and implemented for use with families that had a teenager involved in the juvenile justice system.

Hypothesis 4

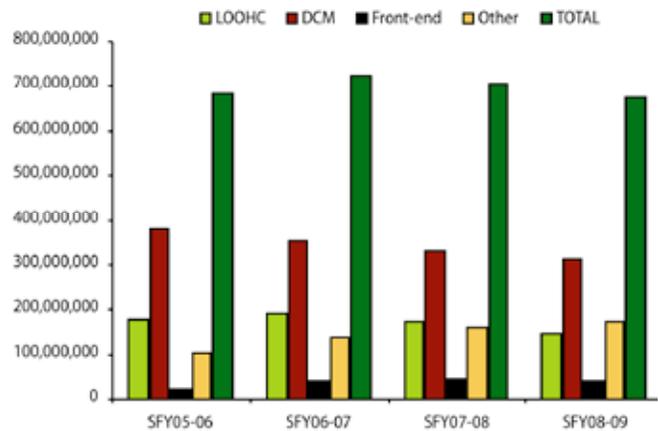
Expenditures associated with out-of-home care will decrease following Waiver implementation, while expenditures associated with prevention and in-home services will increase, although no new dollars will be spent as a result of Waiver implementation.

There have been notable changes in the composition of spending statewide since the Waiver was implemented. Total spending on front-end services has increased dramatically from pre-Waiver to the second full year after Waiver implementation (see Figure 3). After adjusting for inflation, front-end service expenditures nearly doubled during that time, rising from 3.3% of total expenditures in SFY 05-06 to 6.1% in SFY 08-09. Licensed out-of-home care expenditures (LOOHC) declined 16% and dependency case management (DCM) expenditures have declined by 18% during this period. Expenditures for other services (primarily adoption and independent living) have risen considerably since Waiver implementation.

Additionally, licensed out-of-home care expenditures have steadily decreased since Waiver implementation, both in total and compared to relative spending on front-end services. This decline has primarily been driven by a decrease in the number of youth in institutional foster care (IFC) placements and spending on IFC, which both dropped by about 25%. Despite a similar drop in

the number of youth in family foster care (FFC) placements during the first 2¾ years of the Waiver, FFC expenditures declined by only 9%. Future analyses will examine the change in child-level characteristics across out-of-home care placement types in order to better understand changes in placement counts and expenditures.

Figure 3. Total Expenditures by Type of Service (2009 dollars)



Conclusion

Findings from the Waiver evaluation preliminarily support the hypotheses that flexible use of Title IV-E funds will result in an expanded array of community-based services; reduce the number of children in out-of-home care; improve child outcomes associated with permanency, safety, and well-being; and reduce administrative expenditures associated with providing community-based child welfare services. More specifically, there has been a 29% decrease in the number of children served annually by lead agencies across the state since implementation of the Waiver in October 2006 and a significant reduction (27.6%) in the average number of children placed in out-of-home care. In addition, the proportion of children in out-of-home care that were reunified with parents or placed with relatives increased significantly from SFY 07-08 to SFY 08-09, and the proportion of children re-entering out-of-home care within 12 months of discharge significantly decreased from SFY 06-07 to SFY 07-08. Evaluation findings also indicate that since Waiver implementation, CBC lead agencies have expanded services designed to restore and maintain child and family permanency and safety by promoting prevention and diversion practices, family



engagement in services, and supportive services to aid families in successful reunification. However, analysis of quality assurance data and case manager reports from two sites suggest that there is room for improvement in assessing and serving the needs of children and families. Regarding spending, front-end services expenditures increased dramatically, nearly doubling from SFY 05-06 to SFY 08-09, while licensed out-of-home care and dependency case management expenditures declined. This dramatic change in how CBC lead agencies are allocating resources is also evidenced in the findings discussed above.

In addition to continued evaluation of the quality of services that lead agencies are providing, future analyses will focus on examining the trends in child and family characteristics of children served in the various levels of out-of-home care to provide a better understanding of whether, and in what ways, children and families served are different over time. The findings will be helpful for the leadership of CBC lead agencies as they make decisions regarding appropriate treatment interventions for the various levels of care.

Reference

Casey Family Services. (2007). Kevin Campbell: Pioneer in Finding Families for Youth in Care. *Voice Magazine*, 8(2), 13-15.

Recommended Citation:

Armstrong, M.I., Vargo, A.C., Jordan, N., Sharrock, P., Sowell, C, Yampolskaya, S., Kip, S. (2009). *Evaluation brief on the status, activities and findings related to Florida's IV-E waiver demonstration project: Two years post-implementation*. (Florida's IV-E Waiver Demonstration Project – Evaluation Brief Series, 250-2). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

This publication produced by:

The Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida
13301 Bruce B. Downs Blvd.
Tampa, FL 33612-3807

This document may be reproduced in whole or part without restriction as long as the Louis de la Parte Florida Mental Health Institute, College of Behavioral & Community Sciences, University of South Florida is credited for the work.

For more information contact:

Mary Armstrong(813) 974-4601..... armstron@fmhi.usf.edu
Amy Vargo.....(813) 974-5356..... avargo@fmhi.usf.edu

Evaluation Brief 2 and subsequent updates on **Florida's IV-E Waiver Demonstration Project** are available online at:
<http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/flperpdata.aspx>



Louis de la Parte
Florida Mental Health Institute

Events, activities, programs and facilities of The University of South Florida are available to all without regard to race, color, marital status, sex, religion, national origin, disability, age, Vietnam or disabled veteran status as provided by law and in accordance with the University's respect for personal dignity.

© February 2010, Louis de la Parte Florida Mental Health Institute

